

Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

The Office of Policy and Management, Comprehensive Planning and Intergovernmental Policy Division hereby makes the following grant award in accordance with C.G.S. Sec. 19a-308b and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: Town of Andover		Town Code: 0	Town Code: 001					
Street address: 17 School Roa	nd		State Ager	ncy Cod	e: NA	DUNS No. (if a	applicable): NA	
City: Andover			State: CT		ZIP Code: 06232	FEIN (required	1): 06-6009786	
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program					
OPM Grant No.:		Project Tit	tle: Cider N	1ill Cem	netery	<u>'</u>		
Date of Award: 8/8/2018	Category (if a	pplicable): N	IA.					
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award).								
AMOUNT OF AWARD	Federal: \$ N A	1	Si	tate: \$2	2,500.00		Interest: \$ NA	
State Match: \$ NA	ch: \$ NA		Oth	er: \$ NA Specify: NA				
Total Budget: \$2,500.00	italog of Fede	eral Domest	tic Assis	tance (CFDA) Number:	NA			
Federal Grant No.: NA			Grantee F	iscal Ye	ar: From: July 1 to: Jun	e 30		
certifies that: 1.) I have the a Grant Conditions. BY:	authority to e	xecute this			half of the grantee; a		referenced award and further ee will comply with all attached	
Signature of Authori	ized Grantee C	fficial			Date			
Robert F. Burbank, F	irst Selectman							
FOR THE OFFICE OF POLICY AND BY:						_		
Signature of OPM Sec Secretary Benjamin B	-		-	sselber	Date g			
For ODM Business Hee Only								

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Berlin				Town Code: 007					
Street address: 240 Kensingto	on Road		State Agen	cy Code	e: NA	DUNS No. (if	applicable): NA		
City: Berlin			State: CT		ZIP Code: 06037	FEIN (require	d): 06-6002016		
Grant Program Name: Negleo	ted Cemetery	Account Gra	nt Program						
OPM Grant No.:		Project Tit	tle: Ledge a	nd Old	Yard Cemeteries	'			
Date of Award: 8/8/2018	Category (if a	ipplicable): N	NA .						
Period of Award: (Choose one Start Date: The date Notice On Select Date of Select Date purs	End Date: Two years from execution of grant by both grantor and grantee								
AMOUNT OF AWARD	Federal: \$ N	1	St	ate: \$2	2,500.00		Interest: \$ NA		
State Match: \$ NA	ch: \$ NA		Othe	er: \$ NA Specify: NA	Specify: NA				
Total Budget: \$2,500.00	Ca	atalog of Fede	eral Domest	ic Assist	tance (CFDA) Number:	NA			
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: Jur	ne 30			
	authority to e	xecute this	_		•		referenced award and further ee will comply with all attached		
-		листат			Date				
Jack Healy, Town M	anager								
FOR THE OFFICE OF POLICY AF						_			
Signature of OPM Se Secretary Benjamin E	•		•	sselberg	Date 3				
For OPM Business Use Only:									

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2016	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Bethlehem				Town Code: 010			
Street address: 36 Main St So	uth, PO Box 1	60	State Agen	ncy Cod	e: NA	DUNS No. (if a	pplicable): NA
City: Bethlehem			State: CT		ZIP Code: 06751	I): 06-6001892	
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program				
OPM Grant No.:		Project Ti	tle: Bellamy	y Cemet	tery & Carmel Hill Cemet	ery	
Date of Award: 8/8/2018	Category (if	applicable): N	IA.				
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA							execution of grant by both
AMOUNT OF AWARD	Interest: \$ NA						
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA							
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA							
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: June	30	
	authority to 6	execute this					referenced award and further ee will comply with all attached
Leonard Assard, Firs	t Selectman						
ŕ							
FOR THE OFFICE OF POLICY AN	ID MANAGEN	IENT:					
BY:							
Signature of OPM Sec Secretary Benjamin B	-	• •	•	sselber	Date		
For OPM Rusiness Use Only		,			•		

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2016	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

The Office of Policy and Management, Comprehensive Planning and Intergovernmental Policy Division hereby makes the following grant award in accordance with C.G.S. Sec. 19a-308b and in accordance with the grant solicitation and the attached grant application, if applicable.

	Town Code: 011						
		State Agen	cy Code	:: NA	DUNS No. (if	applicable): NA	
		State: CT		ZIP Code: 06002	FEIN (require	d): 06-6001962	
ted Cemetery A	ccount Gra	nt Program					
	Project Ti	tle: Lattime	r Hills a	nd Wintonbury Ceme	eries		
Category (if ap	pplicable): N	IA.					
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD Federal: Ś NA State: \$2,500.00 Interest: Ś NA							
Federal: \$ NA		St	ate: \$2	,500.00		Interest: \$ NA	
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify:							
Cat	alog of Fede	eral Domesti	c Assist	ance (CFDA) Number:	NA		
		Grantee Fis	scal Yea	r: From: July 1 to: Ju	ne 30		
authority to ex	ecute this	_	-	· ·			
wn Manager							
cretary or OPM	Deputy Sec		salbara	Date	_		
	Category (if apply of Grant Award or after Notice of Uant to Enter State Federal: \$ NA Grantee Match Cate d on behalf of Cate	Category (if applicable): Note of Grant Award is signed to after Notice of Grant Award and to Enter Statutory Automated Federal: \$ NA Grantee Match: \$ NA Catalog of Federal Catalog o	Project Title: Lattimed Category (if applicable): NA of Grant Award is signed by both Grant or after Notice of Grant Award is signed uant to Enter Statutory Authority (attal Federal: \$ NA Grantee Match: \$ NA Catalog of Federal Domesti Grantee Fish do no behalf of the above named granthority to execute this agreement agreed Grantee Official wn Manager ID MANAGEMENT: Cretary or OPM Deputy Secretary	Project Title: Lattimer Hills and Category (if applicable): NA of Grant Award is signed by both Grantor & Granter Notice of Grant Award is signed by both uant to Enter Statutory Authority (attach copy) Federal: \$ NA Catalog of Federal Domestic Assist Grantee Match: \$ NA Other Catalog of Federal Domestic Assist Grantee Fiscal Yea d on behalf of the above named grantee, authority to execute this agreement on behalf of the above named grantee. Federal: \$ NA Other Catalog of Federal Domestic Assist Grantee Fiscal Yea Description: The property of the property	Project Title: Lattimer Hills and Wintonbury Cemet Category (if applicable): NA of Grant Award is signed by both Grantor & Grantee (whichever is lar after Notice of Grant Award is signed by both parties (whichever is uant to Enter Statutory Authority (attach copy of authority w/ notice) Federal: \$ NA State: \$2,500.00 Grantee Match: \$ NA Other: \$ NA Specify: NA Catalog of Federal Domestic Assistance (CFDA) Number: Grantee Fiscal Year: From: July 1 to: Jury d on behalf of the above named grantee, indicates acceptance authority to execute this agreement on behalf of the grantee; a such ority to execute this agreement on behalf of the grantee; and the grantee of the g	State Agency Code: NA State: CT ZIP Code: 06002 FEIN (required ted Cemetery Account Grant Program Project Title: Lattimer Hills and Wintonbury Cemeteries Category (if applicable): NA of Grant Award is signed by both Grantor & Grantee (whichever is later). or after Notice of Grant Award is signed by both parties (whichever is later). uant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). Federal: \$ NA State: \$2,500.00 Grantee Match: \$ NA Other: \$ NA Specify: NA Catalog of Federal Domestic Assistance (CFDA) Number: NA Grantee Fiscal Year: From: July 1 to: June 30 d on behalf of the above named grantee, indicates acceptance of the above authority to execute this agreement on behalf of the grantee; and 2.) The grant wind Manager JD MANAGEMENT: Cretary or OPM Deputy Secretary Date	

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$1,511.00	12060	OPM20600	35570	13046	55050			2016	OPM00000001111
\$89.00	12060	OPM20600	35570	13046	55050			2015	OPM00000001111
\$900.00	12060	ОРМ20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Burlington				Town Code: 020				
Street address: 200 Spielman	Highway		State Agen	cy Code	e: NA	DUNS No. (if	applicable): NA	
City: Burlington			State: CT		ZIP Code: 06013	FEIN (require	d): 06-6001968	
Grant Program Name: Negleo	ted Cemetery	Account Gra	nt Program					
OPM Grant No.:		Project Tit	tle: Burlingt	on Cen	ter Cemetery	'		
Date of Award: 8/8/2018	Category (if a	pplicable): N	NA					
	e of Grant Awar or after Notice o	of Grant Awa	ard is signed	by both	Grantee (whichever is land parties (whichever is land or of authority w/notice	later).	End Date: Two years from execution of grant by both grantor and grantee	
AMOUNT OF AWARD	Federal: \$ NA		St	ate: \$2	,500.00		Interest: \$ NA	
State Match: \$ NA	ch: \$ NA		Othe	er: \$ NA Specify: NA				
Total Budget: \$2,500.00 Catalog of Federal Domestic A					ance (CFDA) Number:	NA		
Federal Grant No.: NA			Grantee Fi	scal Yea	r: From: July 1 to: Jur	ne 30		
certifies that: 1.) I have the Grant Conditions. BY:	authority to e	xecute this	_		nalf of the grantee; a		referenced award and further ee will comply with all attached	
Signature of Author	ized Grantee O	fficial			Date			
Theodore C. Shafer,	First Selectman	1						
FOR THE OFFICE OF POLICY AND BY:						_		
Signature of OPM Se Secretary Benjamin E	•		•	sselberg	Date 3			
For OPM Business Use Only:								

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2016	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Canterbury				Town Code: 022						
Street address: 1 Municipal C	Drive		State Agen	ncy Code	e: NA	DUNS No. (if a	applicable): NA			
City: Canterbury			State: CT		ZIP Code: 06331	FEIN (require	d): 06-6009711			
Grant Program Name: Negleo	cted Cemetery	Account Gra	nt Program							
OPM Grant No.:		Project Tit	tle: Clevela	nd Cem	etery	'				
Date of Award: 8/8/2018	Category (if a	applicable): N	NA							
	e of Grant Awa or after Notice	of Grant Awa	ard is signed	by both	Grantee (whichever is a parties (whichever is a rotice) of authority w/ notice	later).	End Date: Two years from execution of grant by both grantor and grantee			
AMOUNT OF AWARD	Federal: \$ NA	4	St	ate: \$2	2,500.00		Interest: \$ NA			
State Match: \$ NA	Grantee Mat	ch: \$ NA		Othe	her: \$ NA Specify: NA					
Total Budget: \$2,500.00	Ca	atalog of Fede	eral Domest	ic Assist	tance (CFDA) Number:	NA				
Federal Grant No.: NA			Grantee Fi	scal Yea	r: From: July 1 to: Jur	ne 30				
	authority to e	execute this	_		•		referenced award and further ee will comply with all attached			
_		лпсіаі			Date					
Chris Lippke, First Se	electman									
FOR THE OFFICE OF POLICY AI	ND MANAGEM	ENT:				_				
Signature of OPM Se Secretary Benjamin E	•		-	sselberg	Date 3					
For OPM Business Use Only:		,								

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Chaplin				Town Code: 024			
Street address: 495 Phoenixv	ille Road		State Agen	ncy Cod	e: NA	DUNS No. (if a	pplicable): NA
City: Chaplin			State: CT		ZIP Code: 06235	FEIN (required	I): 06-6001970
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program				
OPM Grant No.:		Project Tit	tle: Bedlam	, Chewi	ink, Old Chewink, S. Chap	lin, Russ, Chap	lin St. Cemeteries
Date of Award: 8/8/2018	Category (if	applicable): N	IA				
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 End Date: Two years from execution of grant by both grantor and grantee							
AMOUNT OF AWARD	Federal: \$ N	A	St	ate: \$2	2,500.00		Interest: \$ NA
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA							
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA							
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: June	30	
	authority to e	execute this					referenced award and further ee will comply with all attached
William Rose, First S	electman						
FOR THE OFFICE OF POLICY AN	ID MANAGEM	IENT:					
BY:							
Signature of OPM Sec Secretary Benjamin B	•		-	sselber	Date g		
For OPM Rusiness Use Only		,					

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Columbia			Town Code: 030						
Street address: 323 Jonathan	Trumbull Hwy	Route 87	State Agen	ncy Code	e: NA	DUNS No. (if	applicable): NA		
City: Columbia			State: CT		ZIP Code: 06237	FEIN (require	d): 06-0849153		
Grant Program Name: Negleo	ted Cemetery	Account Gra	nt Program						
OPM Grant No.:		Project Ti	tle: Old Yar	d Ceme	tary & Root Family Bu	rial Ground			
Date of Award: 8/8/2018	Category (if a	pplicable): N	NA						
	e of Grant Awar or after Notice o	of Grant Awa	ard is signed	by both	Grantee (whichever is a parties (whichever is a rotice of authority w/ notice	later).	End Date: Two years from execution of grant by both grantor and grantee		
AMOUNT OF AWARD	Federal: \$ NA		St	ate: \$2	,500.00		Interest: \$ NA		
State Match: \$ NA	Grantee Mato	h: \$ NA		Other: \$ NA Specify: NA					
Total Budget: \$2,500.00	Ca	talog of Fede	eral Domest	ic Assist	ance (CFDA) Number:	NA			
Federal Grant No.: NA			Grantee Fi	scal Yea	r: From: July 1 to: Jur	ne 30			
certifies that: 1.) I have the Grant Conditions. BY:	authority to ex	ecute this	_		· ·		e referenced award and further see will comply with all attached		
Signature of Author	ized Grantee O	fficial			Date				
Steven Everett, First	Selectman								
FOR THE OFFICE OF POLICY AND BY:	ND MANAGEME	ENT:				_			
Signature of OPM Se Secretary Benjamin E	•		•	sselberg	Date 3				
For OPM Business Use Only:									

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Cromwell			Town Code: 033				
Street address: 41 West Street	et		State Ager	ncy Code	e: NA	DUNS No. (if a	pplicable): NA
City: Cromwell			State: CT		ZIP Code: 06416	FEIN (required	I): 06-6001978
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program				
OPM Grant No.:		Project Tit	tle: Kelsey	Cemete	ery		
Date of Award: 8/8/2018	Category (if a	applicable): N	NA				
Period of Award: (Choose one) Start Date: ⊠ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). □ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). □ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA							execution of grant by both
AMOUNT OF AWARD	Federal: \$ N	4	St	tate: \$2	2,500.00		Interest: \$ NA
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA							
Total Budget: \$2,500.00	С	atalog of Fede	eral Domest	tic Assist	tance (CFDA) Number: NA	1	
Federal Grant No.: NA			Grantee Fi	iscal Yea	ar: From: July 1 to: June	30	
	authority to e	execute this					referenced award and further ee will comply with all attached
-					Jule		
Anthony J. Salvatore	, TOWIT WIATIA	şei					
FOR THE OFFICE OF POLICY AN	ID MANAGEM	ENT:					
Signature of OPM Sec Secretary Benjamin B	•		-	sselberg	Date		
For OPM Rusiness Use Only	, 	, ,					

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of East Hartfor	d		Town Code: 043					
Street address: 740 Main Stre	eet		State Ager	ncy Cod	le: NA	DUNS No. (if a	pplicable): NA	
City: East Hartford			State: CT		ZIP Code: 06108	FEIN (required	I): 06-6001989	
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program					
OPM Grant No.:		Project Tit	tle: Hockan	um Cen	metery			
Date of Award: 8/8/2018	Category (if	applicable): N	IA.					
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD. Fodoral: \$ NA							execution of grant by both	
AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA								
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA								
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA								
Federal Grant No.: NA			Grantee Fi	iscal Yea	ar: From: July 1 to: June	30		
	authority to	execute this					referenced award and further ee will comply with all attached	
Marcia A. Leclerc, M								
	- , -							
FOR THE OFFICE OF POLICY AN	ID MANAGEN	IENT:						
BY:								
Signature of OPM Sec Secretary Benjamin B	-		-	sselber	Date			
For OPM Rusiness Use Only		,						

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Eastford				Town Code: 039					
Street address: 16 Westford F	Rd		State Age	ncy Coc	de: NA	DUNS No. (if a	applicable): NA		
City: Eastford			State: CT	,	ZIP Code: 06242	FEIN (required	d): 06-6002610		
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program	1					
OPM Grant No.:		Project Ti	tle: Old & 0	Genera	l Lyon Cemeteries				
Date of Award: 8/8/2018	Category (if a	pplicable): N	NA .						
☐ On Select Date of	art Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award).								
AMOUNT OF AWARD	Federal: \$ NA	1	S	state: \$	2,500.00		Interest: \$ NA		
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA									
Total Budget: \$2,500.00	Ca	talog of Fede	eral Domes	tic Assis	stance (CFDA) Number: NA				
Federal Grant No.: NA			Grantee F	iscal Ye	ear: From: July 1 to: June	30			
							referenced award and further ee will comply with all attached		
Signature of Authori	zed Grantee O	fficial			Date				
Jacqueline Dubois, F	irst Selectman								
FOR THE OFFICE OF POLICY AN	ID MANAGEM	ENT:							
_	Y: Signature of OPM Secretary or OPM Deputy Secretary Date Secretary Benjamin Barnes, or Deputy Secretary Susan Weisselberg								
For OPM Business Use Only									

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Easton				Town Code: 046						
Street address: 225 Center Ro	oad		State Agen	ncy Cod	le: NA	DUNS No. (if a	pplicable): NA			
City: Easton			State: CT		ZIP Code: 06612	FEIN (required	I): 06-6001995			
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program							
OPM Grant No.:		Project Tit	tle: Center	Street (Cemetery					
Date of Award: 8/8/2018	Category (if	applicable): N	IA.							
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD. Forderal: S.NA. State: \$2,500.00							execution of grant by both			
AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA										
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA										
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA										
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: June	30				
	My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions. BY:									
Adam Dunsby, First	Selectman									
FOR THE OFFICE OF POLICY AN	ID MANAGEN	IENT:								
BY:										
Signature of OPM Sec Secretary Benjamin B	•		•	sselber	Date					
For OPM Rusiness Use Only	, , , , ,	,								

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Ellington				Town Code: 048						
Street address: 55 Main Street	et		State Agen	cy Code	e: NA	DUNS No. (if a	applicable): NA			
City: Ellington			State: CT		ZIP Code: 06029	FEIN (required): 06-6001996				
Grant Program Name: Negleo	ted Cemetery	Account Gra	nt Program							
OPM Grant No.:		Project Ti	tle: Crystal I	Lake Ce	metery	'				
Date of Award: 8/8/2018	Category (if a	pplicable): N	NA							
	e of Grant Awa or after Notice	of Grant Awa	ard is signed	by both	Grantee (whichever is land parties (whichever is land or of authority w/notice	ater).	End Date: Two years from execution of grant by both grantor and grantee			
AMOUNT OF AWARD	Federal: \$ N A	1	St	ate: \$2	,500.00		Interest: \$ NA			
State Match: \$ NA	Grantee Mate	ch: \$ NA		Othe	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00 Catalog of Federal Domestic As					ance (CFDA) Number:	NA				
Federal Grant No.: NA			Grantee Fis	scal Yea	r: From: July 1 to: Jur	ie 30				
	authority to e	xecute this	_		•		referenced award and further ee will comply with all attached			
Lori L. Spielman, Firs										
Lorr E. Spielman, This	ot Sciectifian									
FOR THE OFFICE OF POLICY AND BY:	ND MANAGEM	ENT:								
Signature of OPM Se Secretary Benjamin E	•		-	sselberg	Date	_				
For OPM Business Use Only:	,	,,			,					

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

The Office of Policy and Management, Comprehensive Planning and Intergovernmental Policy Division hereby makes the following grant award in accordance with C.G.S. Sec. 19a-308b and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: Town of Fairfield		Town Code: 051					
Street address: 611 Old Post	Road		State Age	ncy Cod	e: NA	DUNS No. (if	applicable): NA
City: Fairfield			State: CT		ZIP Code: 06824	FEIN (require	d): 06-6001998
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program	1			
OPM Grant No.:		Project Tit	tle: Old Bu	ry Grou	nd	<u>'</u>	
Date of Award: 8/8/2018	Category (if a	pplicable): N	IA				
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 End Date: Two years from execution of grant by both grantor and grantee							
AMOUNT OF AWARD	Federal: \$ NA		S	tate: \$2	2,500.00		Interest: \$ NA
State Match: \$ NA Other: \$ NA Specify: NA							
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA							
Federal Grant No.: NA			Grantee F	iscal Yea	ar: From: July 1 to: Jur	e 30	
							referenced award and further see will comply with all attached
Signature of Authori	zed Grantee O	fficial			Date		
Michael C. Tetreau,	First Selectman	1					
FOR THE OFFICE OF POLICY AN	ID MANAGEME	ENT:					
BY:						_	
Signature of OPM Sec Secretary Benjamin B			-	isselber	Date g		
For ODM Business Has Only							

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Glastonbury	/			Town Code: 054						
Street address: 2155 Main St	reet		State Ager	ncy Code	e: NA	DUNS No. (if a	applicable): NA			
City: Glastonbury			State: CT		ZIP Code: 06033	FEIN (required): 06-6002003				
Grant Program Name: Negleo	ted Cemetery	Account Gra	nt Program							
OPM Grant No.:		Project Ti	tle: Eastbur	y, John	Tom Hill, Old South &	Wassuc Cemeter	ies			
Date of Award: 8/8/2018	Category (if a	applicable): N	NA							
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00							End Date: Two years from execution of grant by both grantor and grantee			
AMOUNT OF AWARD	Federal: \$ NA	A	St	ate: \$2	2,500.00		Interest: \$ NA			
State Match: \$ NA	Grantee Mat	ch: \$ NA		Othe	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00 Catalog of Federal Domestic Ass					tance (CFDA) Number:	NA				
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: Jur	ne 30				
	authority to 6	execute this	_		•		referenced award and further ee will comply with all attached			
Richard Johnson, To	wn Manager									
	_									
FOR THE OFFICE OF POLICY AT	ND MANAGEM	IENT:								
BY:										
Signature of OPM Se Secretary Benjamin E	•	• •	-	sselberg	Date					
For OPM Business Use Only:										

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Goshen			Town Code: 055							
Street address: 42A North St	reet		State Agen	cy Code	e: NA	DUNS No. (if	applicable): NA			
City: Goshen			State: CT		ZIP Code: 06756	FEIN (required): 06-6002004				
Grant Program Name: Negleo	cted Cemetery	Account Gra	nt Program							
OPM Grant No.:		Project Tit	tle: Old Mid	ldle Cer	metery (God's Acre)	'				
Date of Award: 8/8/2018	Category (if a	applicable): N	NA							
	e of Grant Awa or after Notice	of Grant Awa	ard is signed	by both	Grantee (whichever is land parties (whichever is land or of authority w/notice	ater).	End Date: Two years from execution of grant by both grantor and grantee			
AMOUNT OF AWARD	Federal: \$ NA	4	St	ate: \$2	,500.00		Interest: \$ NA			
State Match: \$ NA	Grantee Mat	ch: \$ NA		Othe	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00 Catalog of Federal Domestic As					ance (CFDA) Number:	NA				
Federal Grant No.: NA			Grantee Fis	scal Yea	r: From: July 1 to: Jur	ie 30				
certifies that: 1.) I have the Grant Conditions. BY:	authority to e	execute this	_		nalf of the grantee; a		referenced award and further ee will comply with all attached			
Signature of Author	ized Grantee C	Official			Date					
Bob Valentine, First	Selectman									
FOR THE OFFICE OF POLICY AF						_				
Signature of OPM Se Secretary Benjamin E	•		•	selberg	Date 3					
For OPM Business Use Only:										

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

The Office of Policy and Management, Comprehensive Planning and Intergovernmental Policy Division hereby makes the following grant award in accordance with C.G.S. Sec. 19a-308b and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: Town of Griswold			Town Code: 058							
Street address: 28 Main Street	et		State Agen	cy Cod	e: NA	DUNS No. (if a	applicable): NA			
City: Griswold			State: CT		ZIP Code: 06351	FEIN (required	d): 06-6002009			
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program							
OPM Grant No.:		Project Tit	tle: Leonarc	d, Brow	n, Hatch, Hopeville-Wa	alton Cemeteries				
Date of Award: 8/8/2018	Category (if a	pplicable): N	NA .							
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). End Date: Two years from execution of grant by both grantor and grantee							execution of grant by both			
AMOUNT OF AWARD	Federal: \$ NA	1	St	ate: \$2	2,500.00		Interest: \$ NA			
State Match: \$ NA	Grantee Mate	ch: \$ NA		Othe	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00	Ca	italog of Fede	eral Domest	ic Assis	tance (CFDA) Number:	NA				
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: Jur	ne 30				
certifies that: 1.) I have the a Grant Conditions. BY:	authority to e	xecute this			half of the grantee; a		referenced award and further ee will comply with all attached			
Signature of Authori	ized Grantee O	fficial			Date					
Todd Babbitt, First S	electman									
FOR THE OFFICE OF POLICY AND BY: Signature of OPM Sec			retary		Date	_				
Secretary Benjamin B	-		-	sselber	g					
For ODM Business Hee Only										

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Guilford			Town Code: 060					
Street address: 31 Park Street	t		State Agen	cy Code	e: NA	DUNS No. (if a	pplicable): NA	
City: Guilford			State: CT		ZIP Code: 06437	FEIN (required	I): 06-6002012	
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program					
OPM Grant No.:		Project Tit	tle: Goldsm	ith Cem	netery			
Date of Award: 8/8/2018	Category (if	applicable): N	NA .					
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). State Samount of Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award).							execution of grant by both	
AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA								
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA								
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA								
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: June	30		
	authority to (execute this					referenced award and further ee will comply with all attached	
Matthew T. Hoey, III	, First Selectn	nan						
,								
FOR THE OFFICE OF POLICY AN	ID MANAGEN	IENT:						
BY:								
Signature of OPM Sec Secretary Benjamin B	•		-	sselberg	Date			
For OPM Rusiness Use Only		,	2303		•			

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Haddam			Town Code: 061				
Street address: 30 Field Park	Drive		State Agen	cy Code	e: NA	DUNS No. (if a	pplicable): NA
City: Haddam			State: CT		ZIP Code: 06438	FEIN (required	i): 06-6002013
Grant Program Name: Neglec	ted Cemetery	y Account Gra	nt Program				
OPM Grant No.:		Project Tit	tle: New Po	nsett &	R Ponsett East Cemeteries	s	
Date of Award: 8/8/2018	Category (if	applicable): N	IA				
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). End Date: Two years from execution of grant by both grantor and grantee							execution of grant by both
AMOUNT OF AWARD	Federal: \$ N	IA	St	ate: \$2	2,500.00		Interest: \$ NA
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA							
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA							
Federal Grant No.: NA			Grantee Fig	scal Yea	ar: From: July 1 to: June	30	
	authority to	execute this					referenced award and further ee will comply with all attached
Lizz Milardo, First Se	lectman						
FOR THE OFFICE OF POLICY AN	ID MANAGEN	MENT:					
BY:							
Signature of OPM Sec Secretary Benjamin B	•		•	selberg	Date g		
For OPM Rusiness Use Only							

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Killingworth	1			Town Code: 070					
Street address: 323 Route 81			State Agen	cy Code	e: NA	DUNS No. (if	applicable): NA		
City: Killingworth			State: CT		ZIP Code: 06419	FEIN (required): 06-6002022			
Grant Program Name: Negleo	ted Cemetery	Account Gra	nt Program						
OPM Grant No.:		Project Tit	tle: SW & U	nion Di	strict, & Stone House (Cemeteries			
Date of Award: 8/8/2018	Category (if a	pplicable): N	NA						
	e of Grant Awar or after Notice o	of Grant Awa	ard is signed	by both	Grantee (whichever is n parties (whichever is worker) of authority w/notice	later).	End Date: Two years from execution of grant by both grantor and grantee		
AMOUNT OF AWARD	Federal: \$ NA		St	ate: \$2	2,500.00		Interest: \$ NA		
State Match: \$ NA	ch: \$ NA		Othe	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00 Catalog of Federal Domestic As					tance (CFDA) Number:	NA			
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: Jur	ne 30			
certifies that: 1.) I have the Grant Conditions. BY:	authority to e	xecute this	_		half of the grantee; a		referenced award and further ee will comply with all attached		
Signature of Author	ized Grantee O	fficial			Date				
Catherine lino, First	Selectwoman								
FOR THE OFFICE OF POLICY AF	ND MANAGEMI	ENT:				_			
Signature of OPM Se Secretary Benjamin E	•		-	selberg	Date 3				
For OPM Business Use Only:									

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Lebanon			Town Code: 071					
Street address: 579 Exeter Ro	oad		State Ager	ncy Code	e: NA	DUNS No. (if a	applicable): NA	
City: Lebanon			State: CT		ZIP Code: 06249	FEIN (require	d): 06-6002031	
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program					
OPM Grant No.:		Project Ti	tle: Trumbu	ull & Lib	erty Hill Cemeteries			
Date of Award: 8/8/2018	Category (if a	ipplicable): N	IA.					
☐ On Select Date of	tart Date: The date Notice of Grant Award is signed by https://example.com/betate/bate The date Notice of Grant Award is signed by https://example.com/betate/bate On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award).							
AMOUNT OF AWARD	Federal: \$ NA	١	St	tate: \$2	2,500.00		Interest: \$ NA	
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA								
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA								
Federal Grant No.: NA			Grantee Fi	iscal Yea	ar: From: July 1 to: June	30		
							referenced award and further ee will comply with all attached	
Signature of Author	ized Grantee C	Official			Date	•		
Betsy Petrie, First Se	electman							
FOR THE OFFICE OF POLICY AN	ND MANAGEM	ENT:						
Signature of OPM Sec Secretary Benjamin B	-		-	sselberg	 Date			
For OPM Rusiness Use Only:								

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Madison			Town Code: 076					
Street address: 8 Campus Driv	ve		State Agen	cy Code	e: NA	DUNS No. (if a	pplicable): NA	
City: Madison			State: CT		ZIP Code: 06443	FEIN (required	I): 06-6002028	
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program					
OPM Grant No.:		Project Tit	tle: Hammo	nasset	Cemetery			
Date of Award: 8/8/2018	Category (if	applicable): N	IA.					
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD. Federal: \$ NA							execution of grant by both	
AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA								
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA								
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA								
Federal Grant No.: NA			Grantee Fis	scal Yea	ar: From: July 1 to: June	30		
	authority to	execute this					referenced award and further ee will comply with all attached	
Thomas J. Banisch, F	irst Selectma	n						
SOR THE OFFICE OF POLICY AND MANAGEMENT: Signature of OPM Secretary or OPM Deputy Secretary Secretary Benjamin Barnes, or Deputy Secretary Susan Weisselberg								
For OPM Rusiness Use Only:								

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

The Office of Policy and Management, Comprehensive Planning and Intergovernmental Policy Division hereby makes the following grant award in accordance with C.G.S. Sec. 19a-308b and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: Town of Mansfield		Town Code: 078							
Street address: 4 South Eagle	ville Rd		State Ager	ncy Cod	e: NA	DUNS No. (if a	applicable): NA		
City: Mansfield			State: CT		ZIP Code: 06268	ZIP Code: 06268 FEIN (required): 06-6002032			
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program						
OPM Grant No.:		Project Tit	tle: Mansfie	eld Cen	ter Cemetery	'			
Date of Award: 8/8/2018	Category (if a	pplicable): N	IA.						
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award).							execution of grant by both		
AMOUNT OF AWARD	Federal: \$ NA	1	St	tate: \$2	2,500.00		Interest: \$ NA		
State Match: \$ NA	ch: \$ NA		Othe	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00	italog of Fede	eral Domest	tance (CFDA) Number:	NA					
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: Jur	ne 30			
certifies that: 1.) I have the a Grant Conditions. BY:	authority to e	xecute this			half of the grantee; a		referenced award and further ee will comply with all attached		
Signature of Authori	zed Grantee O	fficial			Date				
Derrik M. Kennedy,	Town Manage	r							
FOR THE OFFICE OF POLICY AND BY:						_			
Signature of OPM Sec Secretary Benjamin B	•		-	sselber	Date g				
For ODM Business Has Only									

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

The Office of Policy and Management, Comprehensive Planning and Intergovernmental Policy Division hereby makes the following grant award in accordance with C.G.S. Sec. 19a-308b and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: Town of Marlboroug	h	Town Code: 079							
Street address: 26 North Mai	n Street, PO Box	x 2 9	State Agen	ncy Cod	e: NA	DUNS No. (if a	applicable): NA		
City: Marlborough			State: CT		ZIP Code: 06447	e: 06447 FEIN (required): 06-6002033			
Grant Program Name: Neglec	ted Cemetery A	ccount Gra	nt Program						
OPM Grant No.:		Project Tit	tle: Century	/ & Jone	es Hollow Cemeteries	'			
Date of Award: 8/8/2018	Category (if ap	plicable): N	NA .						
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). End Date: Two years from execution of grant by both grantor and grantee							execution of grant by both		
AMOUNT OF AWARD	Federal: \$ NA		St	tate: \$2	2,500.00		Interest: \$ NA		
State Match: \$ NA	h: \$ NA		Oth	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00	alog of Fede	eral Domest	ic Assis	tance (CFDA) Number:	NA				
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: Jur	ie 30			
certifies that: 1.) I have the a Grant Conditions. BY:	authority to ex	ecute this			half of the grantee; a		referenced award and further ee will comply with all attached		
Signature of Authori	zed Grantee Of	ficial			Date				
Amy Traversa, First S	Selectman								
FOR THE OFFICE OF POLICY AND BY: Signature of OPM Sec			retary		Date	_			
Secretary Benjamin B			-	sselber					

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: City of Meriden			Town Code: 080				
Street address: 142 East Mair	Street		State Ager	ncy Code	e: NA	DUNS No. (if a	pplicable): NA
City: Meriden			State: CT		ZIP Code: 06450	FEIN (required	I): 06-6001893
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program				
OPM Grant No.:		Project Tit	tle: West Co	emetery	у		
Date of Award: 8/8/2018	Category (if	applicable): N	IA.				
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award).							
AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA							
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA							
Total Budget: \$2,500.00	С	atalog of Fede	eral Domest	tic Assist	tance (CFDA) Number: NA	1	
Federal Grant No.: NA			Grantee Fi	iscal Yea	ar: From: July 1 to: June	30	
	authority to e	execute this					referenced award and further ee will comply with all attached
-					Date		
Kenneth Morgan, Ac	ting City Ivian	ager					
FOR THE OFFICE OF POLICY AN							
Signature of OPM Sec Secretary Benjamin B	-		-	sselberg	Date g		
For OPM Rusiness Use Only							

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Middlefield				Town Code: 082						
Street address: 393 Jackson F	Hill Road, PO Bo	эх 17 9	State Agen	cy Code	e: NA	DUNS No. (if	applicable): NA			
City: Middlefield			State: CT		ZIP Code: 06455	FEIN (required): 06-6002035				
Grant Program Name: Negleo	ted Cemetery	Account Gra	nt Program							
OPM Grant No.:		Project Ti	tle: Old Nor	Old North Burying Ground						
Date of Award: 8/8/2018	Category (if a	pplicable): N	NA							
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA							execution of grant by both			
AMOUNT OF AWARD	Federal: \$ NA		St	ate: \$2	2,500.00		Interest: \$ NA			
State Match: \$ NA	Grantee Mate	ch: \$ NA		Othe	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00 Catalog of Federal Domestic As					tance (CFDA) Number:	NA				
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: Jur	ne 30				
certifies that: 1.) I have the Grant Conditions. BY:	authority to e	xecute this	_		half of the grantee; a		referenced award and further ee will comply with all attached			
Signature of Author	ized Grantee O	fficial			Date					
Edward P. Bailey, Fi	rst Selectman									
FOR THE OFFICE OF POLICY AND BY:						_				
_	Signature of OPM Secretary or OPM Deputy Secretary Secretary Benjamin Barnes, or Deputy Secretary Susan Weisselberg									
For OPM Business Use Only:										

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of New Canaar	1			Town Code: 090			
Street address: 77 Main Street	t		State Agen	cy Code	e: NA	DUNS No. (if a	pplicable): NA
City: New Canaan			State: CT		ZIP Code: 06840	FEIN (required	I): 06-6002043
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program				
OPM Grant No.:		Project Tit	tle: Laurel R	Rd., Para	ade Hill, Jelliff Mill, Ponus	s Ridge Cemete	ries
Date of Award: 8/8/2018	Category (if	applicable): N	NA .				
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award).							
AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA							
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA							
Total Budget: \$2,500.00	С	Catalog of Fede	eral Domest	ic Assist	tance (CFDA) Number: NA	1	
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: June	30	
	authority to e	execute this					referenced award and further ee will comply with all attached
Kevin Moynihan, Firs							
FOR THE OFFICE OF POLICY AN	ID MANAGEM	MENT:					
BY:							
Signature of OPM Sec Secretary Benjamin B	-		-	sselberg	Date g		
For OPM Rusiness Use Only		,					

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2016	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

The Office of Policy and Management, Comprehensive Planning and Intergovernmental Policy Division hereby makes the following grant award in accordance with C.G.S. Sec. 19a-308b and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: City of New London		Town Code: 095								
Street address: 13 Masonic St	treet		State Ager	ncy Cod	e: NA	DUNS No. (if a	applicable): NA			
City: New London			State: CT		ZIP Code: 06320 FEIN (required): 06-6001880					
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program							
OPM Grant No.:		Project Ti	tle: Ye Anti	entist B	Surial Ground	'				
Date of Award: 8/8/2018	Category (if a	pplicable): N	NA.							
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award).										
AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA										
State Match: \$ NA	Grantee Mate	ch: \$ NA		Othe	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA						NA				
Federal Grant No.: NA			Grantee F	iscal Yea	ar: From: July 1 to: Ju r	ne 30				
certifies that: 1.) I have the a Grant Conditions. BY:	authority to e	xecute this			half of the grantee; a		referenced award and further ee will comply with all attached			
Signature of Authori	ized Grantee C	official			Date					
Michael Passero, Ma	ayor									
FOR THE OFFICE OF POLICY AND BY:					- Politi	_				
Signature of OPM Sec Secretary Benjamin B	-		-	sselber	Date g					
For ODM Business Has Only										

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of New Milford	d			Town Code: 096						
Street address: 10 Main Street	et		State Ager	ncy Code	e: NA	DUNS No. (if a	applicable): NA			
City: New Milford			State: CT		ZIP Code: 06776	FEIN (required): 06-6002046				
Grant Program Name: Negleo	ted Cemetery	Account Gra	nt Program							
OPM Grant No.:		Project Ti	tle: Lower I	Lower Merryall & Long Meadow Cemeteries						
Date of Award: 8/8/2018	Category (if a	pplicable): N	NA							
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 End Date: Two years from execution of grant by both grantor and grantee							execution of grant by both			
AMOUNT OF AWARD	Federal: \$ NA	4	St	tate: \$2	2,500.00		Interest: \$ NA			
State Match: \$ NA	Grantee Mat	ch: \$ NA		Othe	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00 Catalog of Federal Domestic Assi					tance (CFDA) Number:	NA				
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: Jur	ne 30				
	authority to e	execute this	_				referenced award and further ee will comply with all attached			
Pete Bass, Mayor										
FOR THE OFFICE OF POLICY AT	ND MANAGEM	ENT:								
BY:										
Signature of OPM Se	Signature of OPM Secretary or OPM Deputy Secretary Secretary Benjamin Barnes, or Deputy Secretary Susan Weisselberg									
For OPM Business Use Only:										

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Newtown			Town Code: 097						
Street address: 3 Primrose St	reet		State Ager	ncy Cod	e: NA	DUNS No. (if a	applicable): NA		
City: Newtown			State: CT		ZIP Code: 06470	FEIN (require	d): 06-6002048		
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program						
OPM Grant No.:		Project Tit	tle: Sandy H	Hook Ce	emetery				
Date of Award: 8/8/2018	Category (if a	applicable): N	IA.						
eriod of Award: (Choose one) End Date: Two years from execution of grant by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). State: \$2,500.00									
AMOUNT OF AWARD	AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA								
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA									
Total Budget: \$2,500.00	Ca	atalog of Fede	eral Domest	tic Assis	tance (CFDA) Number: NA	1			
Federal Grant No.: NA			Grantee Fi	iscal Yea	ar: From: July 1 to: June	30			
							referenced award and further ee will comply with all attached		
Signature of Author	ized Grantee C	Official			Date				
Daniel C. Rosenthal,	First Selectma	ın							
FOR THE OFFICE OF POLICY AND BY:	ND MANAGEM	ENT:							
Signature of OPM Se	Signature of OPM Secretary or OPM Deputy Secretary Secretary Benjamin Barnes, or Deputy Secretary Susan Weisselberg								
For OPM Rusiness Use Only									

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

The Office of Policy and Management, Comprehensive Planning and Intergovernmental Policy Division hereby makes the following grant award in accordance with C.G.S. Sec. 19a-308b and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: Town of Plymouth		Town Code: 111					
Street address: 80 Main Stre	eet		State Agend	cy Code	e: NA	DUNS No. (if	applicable): NA
City: Terryville			State: CT		ZIP Code: 06786	FEIN (require	d): 06-6002065
Grant Program Name: Negle	cted Cemetery A	Account Gra	nt Program				
OPM Grant No.:		Project Tit	tle: West Ce	metery	,	·	
Date of Award: 8/8/2018	Category (if a	pplicable): N	IA				
	e of Grant Awar or after Notice o	f Grant Awa	rd is signed l	by both	Grantee (whichever is In parties (whichever is In parties (whichever is In a rotice with or its with with or its w	ater).	End Date: Two years from execution of grant by both grantor and grantee
AMOUNT OF AWARD	Federal: \$ NA		Sta	ate: \$2	,500.00		Interest: \$ NA
State Match: \$ NA	Grantee Matc	h: \$ NA		Othe	er: \$ NA Specify: NA		
Total Budget: \$2,500.00	Cat	talog of Fede	eral Domesti	c Assist	ance (CFDA) Number:	NA	
Federal Grant No.: NA			Grantee Fis	cal Yea	r: From: July 1 to: Jur	e 30	
certifies that: 1.) I have the Grant Conditions. BY:	authority to ex	ecute this	_		nalf of the grantee; a		referenced award and further ee will comply with all attached
Signature of Autho	rized Grantee Of	ficial			Date		
David V. Merchant	Mayor						
FOR THE OFFICE OF POLICY A	ND MANAGEME	NT:					
BY:							
Signature of OPM So Secretary Benjamin				selberg	Date	_	

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,361.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111
\$139.00	12060	OPM20600	35570	13046	55050			2015	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Pomfret				Town Code: 112				
Street address: 5 Haven Road			State Agen	cy Code	e: NA	DUNS No. (if a	pplicable): NA	
City: Pomfret			State: CT		ZIP Code: 06259	FEIN (required	1): 06-6002066	
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program					
OPM Grant No.:		Project Tit	tle: Dennis,	Bensor	n, Baker-Hollow, and Fiel	d Cemeteries		
Date of Award: 8/8/2018	Category (if	applicable): N	NA .					
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). End Date: Two years from execution of grant by both grantor and grantee								
AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA								
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA								
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA								
Federal Grant No.: NA			Grantee Fi	scal Yea	ar: From: July 1 to: June	30		
	authority to e	execute this					referenced award and further ee will comply with all attached	
Maureen Nicholson,	First Selectm	an						
FOR THE OFFICE OF POLICY AN	ID MANAGEN	IENT:						
BY:								
Signature of OPM Sec Secretary Benjamin B	-		-	sselberg	Date			
For OPM Rusiness Use Only	, 2 . p	, ,						

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Ridgefield			Town Code: 118					
Street address: 400 Main Stre	eet		State Ager	ncy Cod	le: NA	DUNS No. (if a	pplicable): NA	
City: Ridgefield			State: CT		ZIP Code: 06877	FEIN (required	1): 06-6002075	
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program					
OPM Grant No.:		Project Tit	tle: Branch	ville Cer	metery			
Date of Award: 8/8/2018	Category (if	applicable): N	IA.					
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award).								
AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA								
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA								
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA								
Federal Grant No.: NA			Grantee Fi	iscal Yea	ar: From: July 1 to: June	30		
	authority to e	execute this					referenced award and further ee will comply with all attached	
Rudy Marconi, First	Selectman							
FOR THE OFFICE OF POLICY AN	ID MANAGEN	IENT:						
BY:								
Signature of OPM Sec Secretary Benjamin B	•		-	sselberg	Date g			
For OPM Rusiness Use Only								

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Rocky Hill			Town Code: 119						
Street address: 761 Old Main	Street		State Agen	cy Code	e: NA	DUNS No. (if	applicable): NA		
City: Rocky Hill			State: CT		ZIP Code: 06067	FEIN (required): 06-6002076			
Grant Program Name: Negleo	ted Cemetery	Account Gra	nt Program						
OPM Grant No.:		Project Ti	tle: Center (Cemete	ry	'			
Date of Award: 8/8/2018	Category (if a	pplicable): N	NA						
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA									
AMOUNT OF AWARD	Federal: \$ NA		St	ate: \$2	,500.00		Interest: \$ NA		
State Match: \$ NA	ch: \$ NA		Othe	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00 Catalog of Federal Domestic Ass					ance (CFDA) Number:	NA			
Federal Grant No.: NA			Grantee Fi	scal Yea	r: From: July 1 to: Jur	ne 30			
certifies that: 1.) I have the Grant Conditions. BY:	authority to e	xecute this	_		nalf of the grantee; a		referenced award and further ee will comply with all attached		
Signature of Author	ized Grantee O	fficial			Date				
John Mehr, Town M	anager								
FOR THE OFFICE OF POLICY AF						_			
Signature of OPM Se Secretary Benjamin E	•		-	sselberg	Date 3				
For OPM Business Use Only:									

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

The Office of Policy and Management, Comprehensive Planning and Intergovernmental Policy Division hereby makes the following grant award in accordance with C.G.S. Sec. 19a-308b and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: Town of Salisbury		Town Code: 122								
Street address: 27 Main Street	et, PO Box 548		State Ager	ncy Cod	e: NA	DUNS No. (if a	applicable): NA			
City: Salisbury			State: CT		ZIP Code: 06068	ZIP Code: 06068 FEIN (required): 06-6002078				
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program							
OPM Grant No.:		Project Tit	tle: Dutche	rs Bridg	e Burying Ground					
Date of Award: 8/8/2018	Category (if a	pplicable): N	NA							
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). End Date: Two years from execution of grant by both grantor and grantee							execution of grant by both			
AMOUNT OF AWARD	Federal: \$ N	\	St	tate: \$2	2,500.00		Interest: \$ NA			
State Match: \$ NA Grantee Match: \$ NA					Other: \$ NA Specify: NA					
Total Budget: \$2,500.00	Ca	atalog of Fede	eral Domest	tic Assis	tance (CFDA) Number:	NA				
Federal Grant No.: NA			Grantee Fi	iscal Yea	ar: From: July 1 to: Jur	e 30				
certifies that: 1.) I have the a Grant Conditions. BY:	authority to e	xecute this			half of the grantee; a		referenced award and further ee will comply with all attached			
Signature of Authori	zed Grantee C	official			Date					
Curtis Rand, First Sel	ectman									
FOR THE OFFICE OF POLICY AND BY:						_				
Signature of OPM Sec Secretary Benjamin B	•		-	sselber	Date g					
For ODM Business Hee Only										

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Scotland				Town Code: 123					
Street address: 9 Devotion Re	oad		State Agen	cy Code	e: NA	DUNS No. (if	applicable): NA		
City: Scotland			State: CT		ZIP Code: 06264	FEIN (required): 06-6002080			
Grant Program Name: Negleo	ted Cemetery	Account Gra	nt Program						
OPM Grant No.:		Project Ti	tle: Old Cem	etery		'			
Date of Award: 8/8/2018	Category (if a	pplicable): N	NA						
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA									
AMOUNT OF AWARD	Federal: \$ NA		Sta	ate: \$2	,500.00		Interest: \$ NA		
State Match: \$ NA	ch: \$ NA		Othe	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00 Catalog of Federal Domestic Ass					ance (CFDA) Number:	NA			
Federal Grant No.: NA			Grantee Fis	scal Yea	r: From: July 1 to: Jur	ne 30			
	authority to e	xecute this	_		•		referenced award and further ee will comply with all attached		
-		пісіаі			Date				
Daniel D. Syme, Firs	t Selectman								
FOR THE OFFICE OF POLICY AF	_					_			
Signature of OPM Se Secretary Benjamin E	•		•	selberg	Date S				
For OPM Business Use Only:									

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

The Office of Policy and Management, Comprehensive Planning and Intergovernmental Policy Division hereby makes the following grant award in accordance with C.G.S. Sec. 19a-308b and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: Town of Sprague				Town Code: 133			
Street address: 1 Main Street	t / PO Box 677		State Agenc	y Code	: NA	DUNS No. (if	applicable): NA
City: Baltic			State: CT		ZIP Code: 06330	FEIN (require	d): 06-600209 6
Grant Program Name: Negleo	cted Cemetery A	ccount Gra	nt Program				
OPM Grant No.:		Project Tit	tle: Hanover	Burial	Grounds		
Date of Award: 8/8/2018	Category (if ap	plicable): N	IA				
	e of Grant Award or after Notice of	f Grant Awa	rd is signed b	y both	rantee (whichever is parties (whichever is of authority w/ notice	later).	End Date: Two years from execution of grant by both grantor and grantee
AMOUNT OF AWARD	Federal: \$ NA		Sta	te: \$2 ,	500.00		Interest: \$ NA
State Match: \$ NA	Grantee Match	n: \$ NA		Othe	r:\$ NA Specify: NA		
Total Budget: \$2,500.00	Cat	alog of Fede	eral Domestic	Assista	ance (CFDA) Number:	NA	
Federal Grant No.: NA			Grantee Fisc	cal Year	r: From: July 1 to: Jul	ne 30	
	authority to ex	ecute this a	_	-	•		referenced award and further see will comply with all attached
Catherine A. Osten,	First Selectman						
FOR THE OFFICE OF POLICY AND BY:	ND MANAGEME	NT:					
Signature of OPM Se Secretary Benjamin E	-		-	selberg	Date	_	

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,382.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111
\$118.00	12060	OPM20600	35570	13046	55050			2015	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

The Office of Policy and Management, Comprehensive Planning and Intergovernmental Policy Division hereby makes the following grant award in accordance with C.G.S. Sec. 19a-308b and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: Town of Stafford		Town Code: 134								
Street address: 1 Main Street			State Ager	ncy Cod	e: NA	DUNS No. (if a	applicable): NA			
City: Stafford Springs			State: CT		ZIP Code: 06076	FEIN (required	d): 06-6002097			
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program							
OPM Grant No.:		Project Tit	tle: Washb	urn Cen	netery	'				
Date of Award: 8/8/2018	Category (if a	pplicable): N	IA.							
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award).										
AMOUNT OF AWARD	Federal: \$ NA		St	tate: \$2	2,500.00		Interest: \$ NA			
State Match: \$ NA	Grantee Mato	:h: \$ NA		Oth	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00	talog of Fede	eral Domest	tance (CFDA) Number:	NA						
Federal Grant No.: NA			Grantee Fi	iscal Yea	ar: From: July 1 to: Ju r	ne 30				
certifies that: 1.) I have the a Grant Conditions. BY:	authority to ex	kecute this			half of the grantee; a		referenced award and further ee will comply with all attached			
Signature of Authori	zed Grantee O	fficial			Date					
Mary Mitta, First Sel	ectman									
FOR THE OFFICE OF POLICY AND BY: Signature of OPM Sec			retary		Date	_				
Secretary Benjamin B			-	sselber						

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Sterling			Town Code: 136				
Street address: 1183 Plainfiel	d Pike, PO Bo	x 157	State Ager	ncy Cod	e: NA	DUNS No. (if a	pplicable): NA
City: Oneco			State: CT		ZIP Code: 06373	FEIN (required	1): 06-6002099
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program				
OPM Grant No.:		Project Ti	tle: Riversio	de Ceme	etery		
Date of Award: 8/8/2018	Category (if	applicable): N	IA.				
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA							execution of grant by both
AMOUNT OF AWARD	Federal: \$ N	4	St	tate: \$2	2,500.00		Interest: \$ NA
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA							
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA							
Federal Grant No.: NA			Grantee Fi	iscal Yea	ar: From: July 1 to: June	30	
	authority to 6	execute this					referenced award and further ee will comply with all attached
Russell M. Gray, Firs	t Selectman						
FOR THE OFFICE OF POLICY AN	ID MANAGEN	IENT:					
BY:							
Signature of OPM Sec Secretary Benjamin B	-	• •	-	sselberg	Date g		
For OPM Rusiness Use Only	•						

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2016	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

The Office of Policy and Management, Comprehensive Planning and Intergovernmental Policy Division hereby makes the following grant award in accordance with C.G.S. Sec. 19a-308b and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: Town of Thompson		Town Code: 141							
Street address: 815 Riverside	Drive		State Ager	ncy Code	e: NA	DUNS No. (if	applicable): NA		
City: North Grosvenordale			State: CT		ZIP Code: 06255	FEIN (require	d): 06-6002107		
Grant Program Name: Neglec	ted Cemetery A	Account Gra	nt Program						
OPM Grant No.:		Project Tit	tle: Wilson	ville Cen	netery	'			
Date of Award: 8/8/2018	Category (if ap	oplicable): N	IA						
Period of Award: (Choose one) Start Date: The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA									
AMOUNT OF AWARD	Federal: \$ NA		St	tate: \$2	,500.00		Interest: \$ NA		
State Match: \$ NA	h: \$ NA		Othe	Other: \$ NA Specify: NA					
Total Budget: \$2,500.00	Cat	talog of Fede	eral Domest	tic Assist	ance (CFDA) Number:	NA			
Federal Grant No.: NA			Grantee Fi	iscal Yea	r: From: July 1 to: Jur	ie 30			
							referenced award and further see will comply with all attached		
Signature of Authori	zed Grantee Of	fficial			Date				
Kenneth Beausoleil,	First Selectmar	1							
FOR THE OFFICE OF POLICY AN	ID MANAGEME	:NT:							
BY:									
Signature of OPM Sec Secretary Benjamin B	•		-	sselberg	Date S				
For ODM Business Has Only									

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2018	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Tolland				Town Code: 142				
Street address: 21 Tolland Gr	een		State Ager	ncy Cod	e: NA	DUNS No. (if a	applicable): NA	
City: Tolland			State: CT		ZIP Code: 06084	FEIN (require	d): 06-600210 9	
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program	1				
OPM Grant No.:		Project Tit	tle: South,	East & I	North Cemeteries			
Date of Award: 8/8/2018	Category (if a	pplicable): N	IA.					
☐ On Select Date of	tart Date: The date Notice of Grant Award is signed by https://example.com/betate/bate The date Notice of Grant Award is signed by https://example.com/betate/bate On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award).							
AMOUNT OF AWARD	Federal: \$ NA	1	Si	tate: \$2	2,500.00		Interest: \$ NA	
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA								
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA								
Federal Grant No.: NA			Grantee F	iscal Yea	ar: From: July 1 to: June	30		
							referenced award and further ee will comply with all attached	
Signature of Authori	zed Grantee O	fficial			Date			
Steven Werbner, To	wn Manager							
FOR THE OFFICE OF POLICY AN	ID MANAGEM	ENT:						
_	Signature of OPM Secretary or OPM Deputy Secretary Secretary Benjamin Barnes, or Deputy Secretary Susan Weisselberg							
For OPM Rusiness Use Only								

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Union			Town Code: 145				
Street address: 1043 Buckley	Highway		State Ager	ncy Cod	le: NA	DUNS No. (if a	pplicable): NA
City: Union			State: CT		ZIP Code: 06076	FEIN (required	I): 06-6002111
Grant Program Name: Neglec	ted Cemetery	Account Gra	nt Program				
OPM Grant No.:		Project Ti	tle: Center,	East ar	nd North Cemeteries		
Date of Award: 8/8/2018	Category (if a	applicable): N	NA .				
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). AMOUNT OF AWARD Federal: \$ NA State: \$2,500.00 Interest: \$ NA							execution of grant by both
AMOUNT OF AWARD	Federal: \$ N	4	St	tate: \$2	2,500.00		Interest: \$ NA
State Match: \$ NA Grantee Match: \$ NA Other: \$ NA Specify: NA							
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA							
Federal Grant No.: NA			Grantee Fi	iscal Yea	ar: From: July 1 to: June	30	
	authority to 6	execute this					referenced award and further ee will comply with all attached
Karen Johnson, First	Selectman						
FOR THE OFFICE OF POLICY AND BY:					Date		
Signature of OPM Sec Secretary Benjamin B	-	• •	-	sselber	Date g		
For OPM Rusiness Use Only:							

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Weston		Town Code: 157								
Street address: 56 Norfield Ro	State Agen	State Agency Code: NA			DUNS No. (if applicable): NA					
City: Weston	State: CT		ZIP Code: 06883	FEIN (required	d): 06-6002127					
Grant Program Name: Neglec										
OPM Grant No.:	ele: Coley Cemetery									
Date of Award: 8/8/2018	Category (if	Category (if applicable): NA								
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award).										
AMOUNT OF AWARD	MOUNT OF AWARD Federal: \$ NA				2,500.00		Interest: \$ NA			
State Match: \$ NA	tate Match: \$ NA Grantee Match: \$ NA				er: \$ NA Specify: NA					
Total Budget: \$2,500.00	eral Domest	al Domestic Assistance (CFDA) Number: NA								
Federal Grant No.: NA	Grantee Fiscal Year: From: July 1 to: June 30									
certifies that: 1.) I have the a Grant Conditions. BY:	authority to 6	execute this			half of the grantee; and		referenced award and further ee will comply with all attached			
Signature of Authorized Grantee Official Date										
Christopher Spauldir	ng, First Select	man								
FOR THE OFFICE OF POLICY AND BY:										
Signature of OPM Sec Secretary Benjamin B	-	• •	•	sselberg	Date g					
For OPM Rusiness Use Only										

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111



Comprehensive Planning and Intergovernmental Policy Division 450 Capitol Avenue | MS#54SLP| Hartford, CT 06106-1379



NOTICE OF GRANT AWARD

Grantee: Town of Wilton		Town Code: 161								
Street address: 238 Danbury	State Age	State Agency Code: NA			DUNS No. (if applicable): NA					
City: Wilton	State: CT		ZIP Code: 06897	FEIN (required	d): 06-6002133					
Grant Program Name: Neglec										
OPM Grant No.:	tle: Ruscoe Family Cemetery									
Date of Award: 8/8/2018	Category (if a	pplicable): N	IA.							
Period of Award: (Choose one) Start Date: ☑ The date Notice of Grant Award is signed by both Grantor & Grantee (whichever is later). ☐ On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). ☐ Select Date pursuant to Enter Statutory Authority (attach copy of authority w/ notice of grant award). End Date: Two years from execution of grant by both grantor and grantee										
AMOUNT OF AWARD	MOUNT OF AWARD Federal: \$ NA				2,500.00		Interest: \$ NA			
State Match: \$ NA	e Match: \$ NA Grantee Match: \$ NA				er: \$ NA Specify: NA					
Total Budget: \$2,500.00 Catalog of Federal Domestic Assistance (CFDA) Number: NA										
Federal Grant No.: NA				Grantee Fiscal Year: From: July 1 to: June 30						
							referenced award and further ee will comply with all attached			
Signature of Authorized Grantee Official Date										
Lynne A. Vanderslice, First Selectman										
FOR THE OFFICE OF POLICY AN	ID MANAGEMI	ENT:								
BY: Signature of OPM Secretary or OPM Deputy Secretary Secretary Benjamin Barnes, or Deputy Secretary Susan Weisselberg										
For OPM Rusiness Use Only										

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$2,500.00	12060	OPM20600	35570	13046	55050			2017	OPM00000001111